The White House Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

The White House Nursing Home Limited is a 'care home'. People living in the home receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 30 people in one adapted building and specialises in supporting older people living with dementia and/or with end of life care needs. At the time of our inspection 29 people resided at the home.

At the last CQC inspection of this home in April 2015 we rated them 'Good' overall and for all five key questions. In February 2016 'The White House Nursing Home Limited' re-registered with us and therefore this inspection will represent the first time we have rated this 'new' provider. We have rated the home 'Outstanding' overall and for the two key questions, 'Is the service responsive and well-led?' We have rated them 'Good' for the other three key questions, 'Is the service safe, effective and caring'.

The service had a registered manager who had been in post since February 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People living in the home and their relatives were extremely positive about the quality of the care and support provided at The White House Nursing Home. People, relatives, community health and social care professionals and staff were also very complimentary about the service's registered manager and company director (owner). They said they were both highly regarded by everyone and worked well together as a team, which had a positive impact on the quality of the service provided at the home. People and staff said the managers were ever present in the home, approachable and always interested to hear what they had to say about the White House Nursing Home including any suggestions people, their relatives and staff might have about improving practice there.

The managers ensured the company's values and vision for the home were fully embedded in the service's systems and processes and demonstrated by staff through their behaviours and actions. There was clear oversight and scrutiny of the service. They used well-established quality assurance systems to ensure all aspects of the service were routinely monitored and could be improved for people. This helped them to check that people were consistently experiencing good quality care and support. Any shortfalls or gaps identified through these checks were addressed promptly.

Managers encouraged and supported staff to deliver high quality care and recognised and rewarded them when they demonstrated excellence in the work place. Staff told us The White House Nursing Home was an excellent place to work, were very proud of the high standard of care they provided there and felt well-supported by the managers. People and their relatives felt there was a strong commitment within the staff team to continuously improve and develop their working practices. This ensured staff continued to deliver

high quality personalised care to people living in the home. All of the external health and social care professionals we received feedback from were very positive about the quality of service delivery and joint working arrangements.

People had access to a wide range of group and individual activities and events they could choose to participate in, which were tailored to meet their specific social needs and interests. This enabled people to live an active and fulfilling life. People who preferred or needed to stay in their bedroom were also protected from social isolation. People regularly participated in outings and activities in the local community. The service also had strong links with local community groups and institutions. For example, children and young people from a local nursery and a school, University students, entertainers, musicians, religious leaders and volunteers visited the home regularly to perform plays, concerts and engage with people who lived there.

When people were nearing the end of their life, they received compassionate and supportive care. The home was awarded a Gold Standards Framework (GSF) accreditation with 'Beacon' status in 2016, which is the highest status for training and support systems for services providing care to people at the end of their lives. Anniversary memorial events were regularly held in the home to remember those that had died.

People received person-centred care which was responsive to their specific needs and wishes. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. Assessments were regularly undertaken to review people's needs and any changes in the support they required. These were reviewed regularly. Staff continued to receive regular and relevant training and supervision to help them to meet people's needs. Staff were aware of people's communication methods and provided them with any support they required to communicate in order to ensure their wishes were identified and they were enabled to make informed decisions and choices about the care and support they received.

The service had appropriate arrangements in place for dealing with people's complaints if they were unhappy with any aspect of the support provided at the home. People and their relatives said they were confident any concerns they might have about the home would be appropriately dealt with by the managers. The service had received numerous compliments about the staff and the care and support provided at the home.

People were supported to maintain relationships with those that mattered to them and relatives and visitors were warmly welcomed when they came to the home. Staff had developed caring relationships with people and their relatives, and ensured people received the right levels of care and support in a dignified and respectful way. Staff also maintained people's privacy at all times. Staff were aware of people's preferred name and their preferences in how they were supported. Staff respected people's individual differences, their religious preferences and their culture and provided any support people required with these. People were also supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People said they felt safe at the home. Staff knew how to recognise and report abuse and neglect in order to protect people from the risk of harm. The provider had arrangements in place for checking the suitability and fitness of new staff employed to work at the service. There were enough staff deployed in the home to support people, keep them safe and ensure staff were highly visible at all times. Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. The premises and equipment were safe for people and staff to use because managers and the relevant professionals regularly carried out health and safety maintenance and servicing checks on these. We observed the environment was kept hygienically clean and staff demonstrated good awareness of their role and responsibilities in relation to

infection control and food hygiene. Medicines were managed safely and suitably trained staff ensured people received their medicines as prescribed.

Staff were aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before providing any care and support and followed legal requirements when people did not have the capacity to do so. People were supported to eat and drink enough to meet their dietary needs and preferences. Staff ensured mealtimes were an enjoyable and personalised experience. Staff regularly monitored people's general health and wellbeing. Where there were any issues or concerns about a person's health, they ensured they received prompt care and attention from appropriate health care professionals. People said The White House Nursing Home was a homely and comfortable place to live.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

Appropriate recruitment checks took place before staff started work. There were enough suitable staff deployed to keep people safe and respond promptly to their needs.

Risks were managed appropriately both for individuals and at service level. The provider had systems to monitor accidents and incidents and learn from these.

The home was clean, free from odours and was appropriately maintained.

Medicines were managed safely and people received them as prescribed.

Is the service effective?

Good

The service was effective.

Staff were equipped with the knowledge and skills they needed to provide effective care, through training, support and information sharing.

Staff sought people's consent before providing care. The registered manager and staff were knowledgeable about and adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The service supported people's nutrition, hydration and health care needs by providing a variety of balanced meal choices, monitoring people's intake if they were at risk of malnutrition or dehydration.

People also received the support they needed to stay healthy and to access health care services. Staff involved the relevant health care professionals as and when required with whom they

regularly discussed good practice.

Is the service caring?

Good

The service was caring.

People, relatives and health care professionals were extremely positive and complimentary about the care and support provided at the home. Staff consistently demonstrated warmth, respect and empathy in their interactions with people and their relatives. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

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People had positive relationships with staff, who took time to get to know them and the things that were important to them. People were involved in decisions about their care.

Staff used a variety of communication methods to ensure people understood the information they needed to express their views and make choices.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Outstanding

The service provided outstanding responsive care.

Relatives told us their family members who had passed away at the home had received compassionate and supportive care from staff. The provider continually sought and implemented guidance on best practice in caring for people at the end of their lives. They worked alongside relevant health and palliative care professionals and respected the wishes of people nearing the end of their life.

People were supported to live an active and fulfilling life within the home and the wider community. The provider ensured people had access to a wide range of stimulating and meaningful activities and events.

People were supported to maintain relationships with people that mattered to them. People had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and choices.

People were involved in discussions and decisions about their care and support needs.

People and relatives knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Outstanding ☆

The service provided outstanding leadership and management.

The registered manager and company director were highly regarded by people, relatives, health and social care professionals and staff. People felt they led by example, were accessible and approachable and remained committed to providing high quality care in line with best practice.

There was a strong organisational commitment to the provider's vision and values, which were outcome, based and put people at the heart of the service. The provider's values and behaviours underpinned their governance framework and there were robust procedures in place to assess, monitor and improve the quality of service delivery.

People, their relatives and staff were involved in developing the service. Their feedback was continually sought and used to drive improvement. The provider encouraged staff to reflect on their practice and learn together as a team. Staff were proud of the quality of service they delivered.

The provider also worked in close partnership with external health and social professionals and bodies.

The White House Nursing Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection which took place on 4 and 8 January 2018. The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of adult social care service.

Before the inspection, we reviewed all the information we held about this service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this two-day inspection we spoke face-to-face with 12 people who lived at the home, ten visiting relatives and two community health care professionals including a GP and speech and language therapist (SALT). We also talked with various members of the service's management and staff team including the registered manager, company director (owner), two nurses, seven care workers, the activities coordinator, the head chef and two volunteers.

We also undertook general observations, specifically with regard to the way staff interacted with people living in the home and performed their duties. During lunch on the first day of the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Records we looked at included six people's care plans, five staff files and a range of other documents that related to the overall management of the service which included quality assurance audits, medicines administration sheets, complaints records, and accidents and incident reports.

After the inspection we contacted various health and social care professionals who worked with staff to provide care to people living in the home. We received feedback from two professionals including a local authority commissioner and a district nurse.

Good

Is the service safe?

Our findings

People and their relatives told us they felt The White House Nursing Home was a safe place to live. Typical comments we received included, "Yes, I do feel very safe…I have no concerns about the place", "I feel safe all the time here…Never felt safer in fact" and "I have no concerns at all about the home…I have no doubt that my [family member] is very well taken care of, and is safe there."

The provider had robust systems in place to report and act on signs or allegations of abuse or neglect. Staff had received safeguarding adults at risk training, which was refreshed annually. Managers and staff were aware of their responsibilities to safeguard people from harm and were aware of the reporting procedures if they had any concerns about a person's safety or the quality of care they received. Staff told us the registered manager continually encouraged and supported them to speak out if they were ever concerned about poor working practices or behaviours that could pose a risk to people.

We were assured the provider had taken appropriate action to mitigate the risks associated with a safeguarding incident that had occurred in the last 12 months. The registered manager had immediately raised a concern with the local authority's safeguarding team after a person had moved into the home with pressure ulcers, which they had developed during their stay in hospital. The registered manager had liaised with the local authority about the outcome of their investigation and considered what lessons could be learnt. At the time of our inspection there were no on-going safeguarding investigations.

Measures were in place to reduce identified risks to people's health, safety and welfare. One person's relative told us, "My [family member] has been bed bound for a while and were astonished that staff had managed to prevent them developing any pressure sores, which is what happened within a few weeks of them moving into their previous care home." Another relative commented, "I've been so impressed with the staff who with the help of the SALT team have managed to get my [family member] eating and drinking again, despite them being at high risk of choking, malnutrition and dehydration."

Managers assessed risks to people due to their specific health care needs. Care records included risk management plans for staff to follow to enable them to reduce identified risks and keep people safe. These plans included details about the risks associated with needs such as malnutrition or dehydration, falls, mobility and safe transfer using a hoist, and skin care. Our observations and discussions showed staff understood the risks people faced and took action to minimise them. For example, we saw staff followed individual guidance when supporting people to transfer safely from an armchair to a wheelchair using a mobile hoist. Another person's care plan made it clear some of their behaviours might be perceived as challenging at times. We found appropriate risk management plans were in place to help staff prevent or deescalate such incidents. Staff told us they had received Positive Behavioural Support (PBS) training in responding to behaviours that might challenge the service, including aggressive behaviour, which helped maintain this person's safety and others.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such events quickly. For example,

people all had personal emergency evacuation plans which explained the help people would need to safely leave the building. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received on-going fire safety training. The London Fire and Emergency Planning Authority (LFEPA) carried out an inspection of the homes fire safety arrangements in September 2016, which they found to be satisfactory.

The environment was well-maintained, which contributed to people's safety. Maintenance records showed environment and equipment checks were routinely undertaken by suitably qualified professionals to ensure the home remained safe. These included checks in relation to electrical and gas safety, fire equipment, heating systems, water hygiene and monitoring of water temperatures, servicing of mobile and overhead tracking hoists, the passenger lift, bed rails and window restrictors. During a tour of the premises we saw radiators were suitably covered and steps on the main staircase had been marked with highly visible yellow and black warning strips to mitigate the risk of people tripping on the stairs.

The provider's recruitment processes helped protect people from the risk of unsuitable staff. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of staff they employed. This included checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal records checks. Records also showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

The home was adequately staffed. People told us there were always plenty of staff working in the home. One person said, "There's plenty of them [staff] here all the time", while another person's relative told us, "You see a lot of one-to-one staffing going on." Throughout our inspection we saw there were enough nursing, care and auxiliary staff on duty on both days of our inspection. This meant people could alert staff whenever they needed them. We also saw numerous examples of staff responding quickly when people used their call bells or verbally requested assistance to stand or have a drink. The registered manager's approach to planning staffing levels was flexible and additional staff were arranged when needed. For example, the registered manager told us after reviewing people's needs they had recently increased the number of care staff working in the mornings from five to six to reflect these increased dependency needs.

People were protected by the prevention and control of infection and the environment was kept clean. People and visiting relatives their told us the home always looked and smelt clean. One person said, "It feels nice and is clean all the time", while another person's relative remarked, "It's always so spotlessly clean here…No concerns about cleanliness and hygiene." We observed staff using appropriate personal protective equipment. For example, we saw staff always wore disposable gloves and aprons when providing personal care to people. Staff were knowledgeable about what practices to follow in order to prevent and control the spread of infection. Records indicated all staff had received infection control training and there were clear policies and procedures in place. Appropriate systems were in place to minimise any risks to people's health during food preparation. For example, the use of colour coded chopping boards and the daily checking of fridge and freezer temperatures. Following a recent inspection the Food Standards Agency had rated the homes food hygiene practices as being 'very good'.

Medicines were being managed safely. Care plans contained detailed information regarding people's prescribed medicines and how they needed and preferred these to be administered. We saw medicines administration records (MARs) and the Controlled Drugs register were being appropriately maintained by staff authorised to handle medicines in the home. There were no gaps or omissions on MAR sheets we looked at, and our checks of medicines stocks and balances, indicated people received their medicines as prescribed. Staff received training in the safe management of medicines and their competency to do this was routinely assessed. A medicines audit undertaken by a community pharmacist in the last six months

indicated they had no concerns about the way the service managed medicines.

Good

Is the service effective?

Our findings

Staff had the right knowledge, skills and experience to carry out their roles effectively. People and their relatives were positive about the competency of staff who worked at the home. One person said, "Yes, they [staff] seem very well-trained and professional", while another person's relative told us, "There's a lot of experienced staff working here who clearly know what they're doing."

All staff routinely completed training in topics and subjects relevant to their roles. We saw there was a rolling programme of training in place which helped ensure staffs knowledge and skills remained up to date and reflected current best practice. All new staff were required to complete an induction before supporting people unsupervised and achieve the competencies required by the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Where people had specific health care and nursing needs, staff received specialist training to enable them to effectively meet them. For example, nurses who supported people with urinary catheter or administered warfarin had been suitably trained to perform this aspect of their role.

Staff spoke positively about the training they had received. One staff member told us, "We have to regularly update our training", while another said, "I've learnt so much from the training that's made available to us here…The owner really does understand the value of training. It's one of the reasons which makes the home such a great place to work."

Staff had sufficient opportunities to review and develop their working practices. There was a well-established programme of regular supervision (one-to-one meetings), competency assessments and annual appraisals through which staff were supported to reflect on their work practices and training needs. Records indicated staff attended supervision meetings with the registered manager at least once a quarter. The registered manager also appraised their overall work performance annually. Staff told us the registered manager encouraged them to talk about any issues or concerns they had about their work and supported them to identify practical solutions for how these could be resolved.

People's ability to make and consent to decisions about their care and support needs was routinely assessed, monitored and reviewed. One person said, "They [staff] always ask my permission to assist me when they are helping me with personal care, especially in the bath", while another individual told us, "Staff are very good at explaining stuff and asking me what I think…I feel it's all up to me still." People had signed their care plans to indicate they agreed to the support they were provided. We saw staff prompted people to make decisions and choices and sought their permission and consent before providing any support. Records indicated staff had received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and it was clear from their comments they understood their responsibilities under the Act. For example, staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support.

We checked whether the service was working within the principles of the MCA (2005) and DoLS. The MCA (2005) provides a legal framework for making particular decisions on behalf of people who may lack the

mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found applications made to deprive people of their liberty for their own safety had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. For example, we saw these authorisations were up to date and the registered manager kept them under constant review to ensure they remained appropriate and in the person's best interests.

People were supported to have enough to eat and drink. People said they enjoyed the meals they ate at the home and typically described the quality and choice of the food and drink they were offered as "good". One person said, "The food here is very good and you have plenty of choice." Another person told us, "There's a lot of food to choose from...It's always very good quality and well-cooked." We observed the lunch time meal on the first day of our inspection. The atmosphere throughout was relaxed and unhurried and staff were attentive to people's needs and offered and respected their meal choices. We saw outside of meal times people were offered regular drinks and snacks. A relative told us, "They [staff] always make sure my [family member] has a jug of drink in reach and they assist her with having it at regular intervals."

Care plans included detailed nutritional assessments which informed staff about people's food preferences and the risks associated with them eating and drinking. A relative told us, "They cater well for my [family members] who needs a soft, mashed diet. She seems to really enjoy the food here." Staff confirmed nutrition and hydration was regularly discussed at their team meetings so they kept up to date about how exactly they should be supporting people to eat and drink enough to stay healthy and well. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts. If they had any concerns about this they sought appropriate support for the relevant health care professionals. This was confirmed by a speech and language therapist we met during our inspection.

People were supported to maintain their health and wellbeing. Visiting relatives were positive about the health care support provided at the home. One told us, "If my [family member] was unwell the staff would call the GP straight away." Another relative gave us a good example of prompt action taken by the registered manager to make a referral to the relevant health and social care professionals after they had mentioned their family member's emotional wellbeing might have been adversely affected when they first moved into the home.

Visiting health care professionals were equally complimentary about the way the service promoted their clients' health and well-being. One professional who told us they were a regular visitor to the home said, "Staff always follow the medical advice I give them and continue to be very good at letting us know if any of my patient's health deteriorates." Another professional said, "The manager has good wound care knowledge and are always prompt to seek our advice if they're unsure about anything, which I think is reflected in the fact that their pressure ulcer incidence in the home is very low."

Care plans set out how staff should be meeting people's specific health care needs. Staff carried out regular health checks and recorded daily the support provided to people including their observations about

people's general health. This helped them identify any underlying issues or concerns about people's wellbeing. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant health care professionals.

Support was provided in line with the enhanced models of care which were piloted through NHS England's vanguards initiative. The provider had introduced the local authority's integrated red bag scheme. These bags included ready prepared documentation about a person's medical needs, their prescribed medicines, Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) status and information relating to their mental capacity. This meant, if and when required, this information was ready to be passed on immediately to ambulance crews and medical staff to help them determine the treatment a person needed if they required emergency hospitalisation.

Good

Is the service caring?

Our findings

Comments we received from people indicated a high level of satisfaction with the service. People and relatives told us they were very happy with the standard of care provided at the home. Typical comments we received included, "My family are so grateful for the outstanding nursing care our [family member] has received at the White House Nursing Home", "The care here is amazing…They're [staff] like are extended family, which makes the place feel like home" and "This is such a friendly and welcoming place. It's a pleasure to visit."

Community health and social care professionals were equally complimentary about the quality of the service provided at the home. One professional told us, "The home has always delivered a high quality service to all the people that have lived here. I see the White House as an outstanding nursing home and I would not hesitate to recommend the place to any of my clients, or my own relatives for that matter", while another said, "I think this is the most impressive home I've ever had the pleasure to work with. I have every confidence in the managers and staff. They all do a marvellous job."

People were treated with kindness and compassion. People spoke extremely highly about the managers and staff who worked at the home and typically described them as "compassionate" and "kind". Examples of positive feedback we received included, "The staff are all very kind to me", "Staff are always so helpful and kind. They [staff] made it so much easier for our family to come to terms with my [family members] deteriorating health" and "They [staff] are lovely and always have time for me and my [family member]." In addition, several volunteers told us the main reason why they had volunteered to work at the home was to pay them back in kind for the "fantastic care" their family members had received there.

People and their relatives said they had built up good relationships with the managers and staff at the home. A relative told us, "I feel everyone here identifies with someone…The staff relationships with residents are very strong and people seem to be extremely fond of each other." Other relatives commented on the low turnover of staff and the continuity of leadership at the home, which several said had enabled them to build good working relationships with the managers and staff who worked there.

People's relatives and friends were made to feel welcome at the home and were able to visit without being unnecessarily restricted. Relatives told us they were not aware of any restrictions on visiting times at the home. Typical comments we received included, "I visit my [family member] almost every day and I've never been asked to leave or come at a specific time", "The staff often invite us to join my [family member] for a meal. They're a very friendly, welcoming bunch of people here…More like family than staff" and "Not aware there's any strict rules about visiting times. People's guests seem to come and go as they please, which is the way it should be." Staff made people's relatives and friends feel welcomed. For example, we observed staff greeted people's relatives and friends warmly, responded appropriately to their questions and provided them with information about their family member. On several occasions during our inspection we saw the registered manager make time to invite visiting relatives to sit down and talk with them. Several relatives told us the managers and staff were very good at keeping in touch.

People felt staff listened to them. Throughout our inspection we observed good interactions between people living in the home and staff. We saw staff greeted people warmly and spoke to them in a kind and considerate way. For instance, during lunch we saw staff frequently asked people if they were enjoying their meal or needed a drink. Staff also responded positively and promptly to people's questions and requests for assistance. Staff also talked to people appropriately in a way they could understand. We observed staff communicating appropriately with people and in a manner they understood. Several staff showed us how they used different methods to obtain the views of people who could not communicate verbally. For example, people had been consulted about activities they might like to participate in. We observed staff showing people picture cards that enabled individuals to make meaningful choices about social activities they may wish to pursue. We also observed that because staff knew people well and understood subtle changes in their non-verbal communication, they were able to anticipate people's needs. For example, staff described to us how they knew from people's facial expressions or hand movements that they were possibly thirsty and needed to be offered a drink.

Staff responded in a kind and timely way, if people experienced physical pain or emotional distress. We observed staff discreetly ask a person if they were in any pain because they looked uncomfortable and whether or not they would like to take any of their prescribed 'as and when required' pain relief. In addition, on the second day of our inspection we saw a member of staff support a person who had become anxious to stay calm. Staff spoke softly and reassuringly and in doing so were able to gain this person's trust and help them relax.

People's privacy and dignity were respected and maintained. People told us staff treated them with dignity and respect. Typical comments we received included, "They [staff] respect me and my privacy…They always knock", "Staff ask me if they can come in my room" and "They [staff] are very respectful. Staff assisting my [family member] at mealtimes always take their time to explain what food she is about to be given." Care plans contained information about how each person would like staff to support them with personal care to preserve their privacy and dignity. This included people's preference about whether they liked to be supported by male or female staff. Throughout our inspection we observed staff always knock on people's door and obtaining their permission before entering their bedroom. We also saw staff were careful to shut doors and close curtains when they were supporting people with personal care. The registered manager told us the home had a dedicated dignity champion. This staff member promoted the importance of treating people with dignity at all times and educating staff, people and relatives on how to respect people's dignity.

Staff were aware of the importance of ensuring information about people was kept confidential. People said they felt comfortable talking to staff in confidence. One person said, "The staff always discuss things in private with you." We saw the provider had an up to date confidential policy, which was included in the employee handbook which was given to all staff when they first starting working at the home. We also saw guidance for staff about talking to people discreetly regarding sensitive issues was included in the homes dignity code of practice, which staff confirmed they had read and understood.

People were able to access independent advocacy services when they needed support to make decisions. We saws information about advocacy services was given to people and their relatives. The registered manager told us they ensured people's relatives or professional representatives were always involved in making decisions in people's best interests, where people lacked capacity to do so. For example, they had recently arranged for an Independent Mental Capacity Advocate (IMCA) to be present at a best interests meeting to support and represent the views of one person who did not have capacity or any relatives involved in their care.

People told us staff understood and offered any support people required with their spiritual and cultural needs. One person said, "I have Holy Communion here once a week and staff chat with me about organising this." Another person told us, "I still do things with my community church. They [staff] arrange for me to attend special events at my church too." It was clear from comments we received from the chef they were fully aware which people living in the home did not eat beef or pork on religious grounds. We saw information about people's spiritual needs was included in their care plan along with a brief explanation of the person's faith. For example, one care plan we look at contained a brief description of the beliefs held by Hindus, while another care plan explained what Christians believed. Staff told us religious leaders who represented various faiths regularly visited the home and also held special services for occasions such as Remembrance Day.

The registered manager told us at the request of one person who lived at the home they had managed to arrange for a Buddhist monk to visit them. The registered manager also told us the home had a dedicated religious and spiritual coordinator who had been specifically trained to help educate staff about different faiths and ensure they knew how to meet people's diverse spiritual needs and wishes.

Staff knew the people they were caring for and supporting, and were aware of their personal histories, backgrounds and cultural heritage. The activities coordinator told us how they responded to people's cultural needs in terms of offering appropriate activities for occasions such as Chinese New Year, Hindu festivals and St Patrick's Day. The chef regularly planned themed menu days based on cuisines from around the world to introduce new foods for people to try whilst learning about new cultures. A recent example of this was Chinese New Year celebrations where a special menu was created and people learnt about the significance of this event. Staff also supported people who did not have English as a first language. The registered manager gave us a good of example of a staff recruitment drive they had initiated to employ bilingual staff who could speak the same language as numerous people living at the home. As a result the home had managed to recruit a number of new staff who could speak numerous languages, such as Mandarin Chinese, Korean, Tamil and Farsi.

People could be as independent as they want to be. The service promoted people's independence in various ways. People told us staff supported them to be as independent as they wished to be. One person said, "Staff ask me what I think I might need help with. It's good they do that because it helps me keep my independence, which is what I want", while another person told us, "Staff said I could be the home's librarian in charge of sorting out the books in library corner in the main. I really enjoy this as I've always liked organising things, which I did a lot of when I worked." We saw handrails and ramps located throughout the home. This enabled people to move freely around the communal areas and kitchenettes in the lounges so people were able to make their own hot and cold drinks. During lunch we observed staff on several occasions quickly notice some people were having difficulty cutting their food and asking them if they would like any assistance and if so, how much assistance they needed. People's care plans contained detailed information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves.

Staff told us they prompted people to do as much as they could and wanted to do before stepping in to help. The registered manager gave us an example of how they had enabled a person who had expressed a wish to continue shopping independently in the local community by purchasing them a mobility scooter, which staff confirmed they regularly used to visit the local shops and park. This all promoted people's social wellbeing and helped them maintain skills they had learned throughout their lives.

Outstanding ☆

Is the service responsive?

Our findings

When people were nearing the end of their life, they received compassionate and supportive care at the home. The home was awarded a Gold Standards Framework (GSF) accreditation with 'Beacon' status in 2016, as professional recognition for their high quality end of life care training and processes.

People's preferences and choices for their end of life care were clearly recorded, communicated, kept under review and acted on. People told us they had been asked about their end of life care wishes, which had included where they wanted to die and what their spiritual and cultural wishes were. One person said, "I have spoken about my end of life wishes with the manager who handled it discreetly and recorded what I wanted in my care plan." Another person's relative told us, "The manager was very helpful and made me feel secure in the knowledge that the staff knew exactly how my [family member] wanted to be cared for in the event of their death."

We saw people had advanced end of life care plans which had been developed with them and their relatives, and included DNAR forms where people had agreed to this. In addition, the provider gathered feedback from people's relatives about how well supported they had felt at the end of their relative's life and how well the person's end of life care plan had supported their wishes. Staff received end of life care training. It was clear from staff member's comments they knew what was important to people and their families at this time, such as whether they wished to remain at the home, any religious or cultural needs, preferences for funeral arrangements and anything else that was important to them. Staff also told us they had become more confident in supporting people and their families in a caring, compassionate way that preserved their dignity and comfort since achieving the GSF accreditation. The registered manager gave us a good example of how they fulfilled a person's dying wish to see their long lost son before they died. Staff successfully tracked down the son and invited him to visit his mother in the home, which he did.

People were reassured that their pain and other symptoms will be assessed and managed effectively as they approached the end of their life, including having access to support from specialist palliative care professionals. The registered manager and staff worked in close partnership with a local GP and palliative care professionals from the Princess Alice Hospice, which ensured they always had access to specialist advice and guidance regarding best end of life care practice, and people's changing needs as they neared the end of their life were kept under constant review. Information was shared with GPs on a monthly basis so they were aware of any relevant changes in people's health or life expectancy.

The service supported people's families, other people living in the home and staff when someone died. A volunteer told us, "I found the staff to be so supportive after my [family member] had died at the home, so that's when I decided the best for me to cope with my loss was to stay in contact with the home and volunteer to work there. It's turned out to be one of the best decisions I ever made." The registered manager told us they had recently introduced regular memorial events and wakes at the home to remember and celebrate the lives of former residents who had passed away. Several visiting relatives confirmed they were aware of these memorial events, which they said had proven extremely popular with people living in the home, relatives and staff. Records showed staff received bereavement training which enabled them to

support people living in the home, relatives and other staff to go through the grieving process.

People were supported to live an active and fulfilling life at the home and in the wider community. People told us there were always plenty of meaningful activities for them to join in if they wanted to. Typical comments we received about access to activities included, "There's lots of things going on all the time here…I particularly like the gardening, baking, singing and dancing sessions we have", "I like all the arts and crafts classes they arrange, especially the sewing one. Last year we made some special gifts, which we sold at our summer fair" and "I've been out on lots of trips to the garden centre and sometimes we go to the local park with staff." Another person gave us a good example of how staff regularly arranged for them to see shows at the theatre, which they said was a "lifelong passion" of theirs. Several relatives also said their family members had become more active and sociable since moving into the home and had continued to do things they had previously enjoyed. One relative told us, "Sometimes my [family member] helps the chef out by peeling potatoes and preparing vegetables, which is something they always enjoyed doing when they lived in their own home." Another person's relative said, "Staff are very good at finding out about activities that will keep my [family member] stimulated. They do extra things like play the music she likes. For instance, when I told the staff how much she liked listening to classical music, they [staff] immediately went to the library to borrow a classical music CD." We observed staff consulted people about activities they might like to participate in on numerous occasions during our inspection. For example, we saw staff use picture cards that enabled people to make informed choices about the social activities they joined in.

The service had a full-time activities coordinator and a range of volunteers to provide a dedicated permanent resource at the service for identifying and delivering appropriate activities and events for people to take part in. The activities coordinator had completed 'Namaste' activity programme training. The Namaste programme is designed to improve the quality of life for people living with dementia. The activities coordinator also told us about a weekly activities timetable they had developed which incorporated feedback they had received from people living in the home about their social interests. The programme included a wide range of activities people might like to take part in, such as drawing, painting and clay-work classes, a knitting and sewing club, flower arranging, gardening, pampering sessions, puzzles and board games, sing-alongs, bingo, current affairs discussions, a film night and gentle exercise classes. The activities coordinator told us they produced a monthly report which helped them identify the activities that were proving most popular with people. This meant they could tailor the activities programme, DVDs, music and books to meet people's social interests.

The activities coordinator took steps to protect people who preferred or needed to stay in their bedrooms from social isolation. A relative told us that when their family member was no longer able to leave their room, staff made sure that their bed was positioned so they could see who was passing in the corridor as they liked the door to remain open. We observed staff asking one person if they wished to take part in a group activity even though they did not normally take part. People were also encouraged and supported to maintain relationships with people outside of the home that mattered to them. The provider used assistive technology to help people to remain in contact with people that mattered to them. For example, they had purchased several tablet computers which enabled people to stay in touch with relatives and friends who lived abroad through video calls. A relative told us, "My [family member] is always video conferencing these days talking to our family who have moved overseas."

The service had built up strong links with the wider community. People told us local children, students, entertainers, musicians and sports people regularly visited the home. For example, children from a local nursery and a school often came to the White House to play games and participate in art projects, drama students from Kingston University had recently performed a play at the home and ex-professional football players from a well-known local Football Club sometimes came to reminisce with people about their former

playing days. Furthermore, various musicians routinely visited the home to perform piano, harp and accordion recitals. We saw at the end of 2017 various local entertainers and theatrical groups had arranged a remembrance show, a winter festive fair, two Christmas pantomimes and an animal petting session at the home.

People, or those with authority to act on their behalf, contributed to planning their care and support. People said they had been involved in developing their care plan. People received personalised support which was responsive to their specific needs and wishes. Typical feedback we received included, "The manager did come to my home to ask me what I would need if I moved to the White House. They [staff] know how I like things done", "I visited the home with my family and we had a good chat with the manager. Consequently, they [staff] knew everything they needed to know about me before I moved in" and "We felt the manager consulted us every step of the way when it came to working out exactly what the best package of care would be for my [family member]." A social care professional was equally complimentary about the service's arrangements for involving people in planning their care. They said, "I have never had any concerns people aren't involved in developing their care plans with staff at the home."

We saw pre-admission assessments were completed in all instances and contained relevant information about a person's medical history, personal care needs and likes and dislikes. This information was used as the basis to develop a person's care plan, which set out in detail how staff should be meeting a person's needs and preferences. People's care plans were written in a person centred way and contained detailed information about each individual's specific needs, abilities, likes and dislikes, life history, people and places that were important to them and preferences for how they wanted their care and support to be provided.

Several care plans we looked at contained detailed information about people's diagnosis of dementia and were clear what personalised care and support staff should provide them in order to meet their individual needs and wishes. One care plan instructed staff to ask several times using plain and simple language if this person who was living with dementia understood what they had said to them, while allowing them plenty of time to respond to their questions. Records showed all staff had completed dementia awareness and person centred care training which ensured they had the right knowledge and skills to provide personalised care and support to people living with dementia.

It was also evident from comments we received from staff that they were obviously committed to providing care and support to people that was highly personalised and tailored to meeting their individual needs and choices. For example, staff were able to explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes, and what people were able to do independently. Staff also demonstrated a good awareness of people's preferred method of communication, as well as subtle changes in their communication style, which enabled to anticipate people's needs and wishes. For example, staff described to us how they knew from people's facial expressions or hand movements that they were possibly thirsty and needed to be offered a drink.

Care plans and risk assessments were reviewed monthly with people, or sooner if there had been any changes to a person's needs or circumstances. Where changes were identified, people's care plans were updated promptly and information about this was shared quickly with staff through daily shift handovers, the communication book and various team meetings. This ensured staff kept up to date with any changes in people's needs or circumstances.

People were supported to make informed decisions and choices about various aspects of their daily lives. People told us staff supported them to make choices every day about the care and support they received. One person told us, "I can choose what I have and you can have it when you want to", while another person

said, "Yes, I can make my own decisions here. They [staff] are very good at explaining stuff and asking us what we think. I feel it's all up to me still." In addition, a health care professional gave us a good example of how the service actively supported their client's decision to take a positive risk and no longer be PEG fed in order to orally eat solid food again. Staff respected this person's informed choice and had worked closely with the SALT team to develop appropriate management plans to minimise the risks associated with this decision. The professional said, "Staff at the home listened what my client wanted and respected their decision to eat orally for the pleasure of tasting food again, for which they should be all commended for."

Throughout our inspection we observed staff actively encouraged people to make informed decisions. For example, we heard staff ask people where they wanted sit and what they wanted to eat and drink. We observed staff show people photographs of the meal options they could choose between for lunch on both days of our inspection. In addition, staff showed people what meal they had chosen earlier in the day looked like on a plate and ask them if this was still what they wanted to eat for their lunch. On the first day of our inspection we saw the chef prepare a sandwich for someone who had requested one after they had changed their mind at the last minute about having the hot meal they had chosen earlier that morning.

The service had suitable arrangements in place to respond to people's concerns and complaints. People and their relatives said they knew how to make a complaint if they were dissatisfied with the service provided at the home and told us they were confident that any concerns they had would be dealt with appropriately. One person said, "I've never had to complain, but I feel any member of staff would take a complaint very seriously and get back to you quickly", while another person remarked, "The management team dealt with concerns I had in the past very quickly and I found the action they took very reassuring."

We saw the complaints procedure was readily available and on display in the home and used pictures and simple language to help people state what had made them unhappy and why. We saw when a concern had been raised the registered manager had conducted a thorough investigation, provided appropriate feedback to the person and checked that they were satisfied with the actions taken to resolve the issue raised. The registered manager ensured any issues or concerns people raised were discussed at staff team meetings to share learning and ways working practices could be improved to stop mistakes reoccurring unnecessarily.

Outstanding ☆

Is the service well-led?

Our findings

The leaders of the service had the right skills, knowledge, experience and integrity to manage the home well. The service had a hierarchy of management with clear responsibilities and lines of accountability. The registered manager had been in post since 2016 and ran the home in tandem with the company director (owner) who was a daily visitor to the White House Nursing Home. The registered manager was a qualified nurse with over 15 years managerial experience running adult social care services. The registered manager had also received external professional's recognition for their work in 2017 when they had been awarded the public choice leadership award by the local CCG. The registered manager was aware of the requirements of their CQC registration and submitted statutory notifications about key events that occurred at the service.

The service had an open and inclusive culture. People living at the home, their relatives and professional representatives all spoke highly about the managers and the way they ran the service. People typically told us they felt the culture in the home was open, transparent and mutually supportive. People also told us the managers were ever present in the home, accessible and involved with all aspects of running the service. Typical feedback we received included, "They [managers] are all superstars. They're like family to us. They come and say hello to me every day and sometimes we have a chat about how things are going over a cup of tea or lunch", "You can speak with the managers at any time. They are all so personable and helpful" and "This is an extremely well-run home. The company director and registered manager complement each other well and between them have created a wonderful atmosphere in the home, which I personally feel is second to none." Several relatives mentioned regularly contributing to the home's newsletter which was distributed to people, their relatives and staff each month. People told us the newsletter helped them keep up to date with what was going on at the home.

The provider continuously sought ways the service could be improved and encouraged people living in the home and their relatives to actively participate in discussions about how this could be achieved. People and staff told us they had enough opportunities to share their views about the home, which were welcomed by managers and staff. One person said, "They [staff] tell me when we're going to have meetings for residents. We often sit and have tea, biscuits and a chat about things we would like to do like outings, special meals and celebrations." A relative told us, "The home has monthly meetings for relatives and residents. The manager sends you the dates and minutes of these meetings and we discuss things like outings, events and food. They [staff] do listen and then tell you how they are going to act upon your suggestions."

There were a range of mechanisms in place to obtain feedback from people and their relatives about the service. These included invitations to complete bi-annual satisfaction surveys, use the comments book and suggestion box, and participate in monthly residents or relatives meetings. People knew when the next residents' and relatives' meeting were and told us these gave them the opportunity to discuss how they would like things done at the home. Minutes from residents' meetings showed that people had the opportunity to discuss the quality of food, activities and other areas that were important to them. We saw the home had recently introduced surveys in an electronic format. The company director told us the electronic format made it easier for the provider to analyse the results and present them in graph format, which were discussed at resident and relatives' meetings. We saw all the people living in the home and their

relatives who had participated in the provider's most recent survey said they were extremely satisfied with the standard of care and support provided at the home.

We saw numerous examples of how feedback from people was used to ensure they experienced good quality care and support. For example, the provider had arranged for a garden party to be held last summer to celebrate the Queen's Birthday. This was in direct response to comments made by several people living in the home during a residents' meeting. The activities coordinator confirmed the party had been a huge success with people, their relatives and staff alike. In addition, the people who had made the initial suggestion received a signed letter from Buckingham Palace thanking them for marking the Queen's Birthday in this way. And, in another example, a relative told us about how the registered manager had responded positively to their suggestion to receive regular updates about their family member's well-being. The registered manager confirmed they had taken the aforementioned suggestion made a recent relatives' meeting on board and now sent everybody's next of kin an email each month updating them about their family member's health and well-being.

Staff were also actively involved in developing the service and encouraged to propose new ways of working. There were a range of staff meetings held throughout the year and staff were encouraged to contribute their ideas about how the service they provided could be improved. In addition, the registered manager and nurses met regularly to discuss the clinical needs of people living in the home and any changes in their health.

Staff told us managers actively encouraged and supported them to routinely reflect on their working practices and consider what they did well and what they could do better at the home. For example, staff reflected as a team what they had done well and what they could do better when supporting people nearing the end of their life. Staff also told us managers were supportive and approachable, and they felt listened to and valued by them. Several staff frequently described the managers as "accessible" and "friendly". Typical feedback we received included, "The managers are so supportive of us…We have a great team spirit here", "Best bosses I've ever worked for. They listen to us staff" and "The manager and the owner [company director] are both marvellous…There's no them and us, which means there's wonderful atmosphere in the home. I think we work really well together as one big happy family."

The provider rewarded staff for demonstrating excellence in the work place. Where staff were able to demonstrate positive impacts on the quality of people's lives, the registered manager recognised their efforts through the 'Investors in People' Award and 'Perk-box', an employee rewards scheme. Several staff told us it was customary for the company director to reward staff for their hard work and continued dedication with team meals out and day trips that had recently included a river boat cruise.

The provider's values and vision for the service were focussed on the provision of high quality care. The registered manager told us they discussed the organisation's values and what constituted 'best practice' with staff during regular one-to-one supervision and appraisal meetings. This helped the registered manager to gauge staffs understanding of the homes values, share information on 'best practice' and monitor how well staff were following guidance. The registered manager also used these individual meetings to monitor the culture of the service by giving staff the opportunity to discuss their working relationships with people living in the home, their relatives and fellow colleagues.

There was clear oversight and scrutiny of the service. In the last 12 months the company director had arranged for an independent consultancy company to assess the service in relation to how safe, effective, caring, responsive and well-led they were. We saw the subsequent report that detailed the findings of this external inspection, which were positive, were discussed at staff meetings to enable a culture of reflective

practice and continuous improvement. For example, the report had recommended staff improve the way they recorded information about people consenting to the care they received, which we saw the registered manager had taken action to do. We also saw the company director routinely carried out themed audits of the home, which focused on a different aspect of service delivery, the results of which they feedback to the registered manager to make improvements where these were felt necessary.

In addition, the registered manager and nurses regularly undertook a wide range of audits to monitor the quality of service people experienced. This included checks of key areas such as policies and procedures, care planning and risk assessing, moving and handling practices, management of medicines, safeguarding incidents, complaints, staff knowledge and support, infection control and food hygiene, health and safety, call bell response times, the home's physical environment, equipment and fire safety. The clinical lead also audited care by carrying out structured observations of staff providing care to people. The registered manager and company director confirmed they continued to routinely carry out unannounced spot checks on staff working at night.

We saw when areas for improvement were identified through these checks, prompt action was taken by the service to ensure improvements were made. For example following a recent audit, it was identified that staff attendance of supervision meetings needed to be improved to bring this up to the provider's required standards. The registered manager took immediate action to address this and ensure all staff now attended supervision meetings with their line manager more frequently. The registered manager told us they regularly discussed improvement plans at meetings with staff and the company director.

We saw the registered manager followed up the occurrence of any accidents, incidents or near misses involving people living in the home and developed improvement plans to help prevent them from reoccurring. Examples included routinely reviewing people's risk assessments and management plans that were in place for staff to follow and protect people from identified hazards. The registered manager gave us several examples of situations where they had used incident reporting to identify trends and patterns to develop risk prevention and management plans which had resulted in a significant decrease in the number of falls people had in the home.

Duty of candour was also adhered to at the home. The registered manager was open and honest with people and families when errors or near misses occurred and how lessons had been learnt. For example, we saw a letter written by the registered manager apologising to a person about items of their clothing that had gone missing in the laundry, which the provider had replaced and taken action to minimise the risk of similar incidents reoccurring.

The registered manager and company director worked closely with various community health and social care professionals and bodies to review joint working arrangements and to share best practice. For example, they regularly discussed the changing needs or circumstances of people living in the home with GPs, district nurses, local authority commissioners and social workers, discharge co-ordinators, Kingston IMPACT team and palliative care nurses. This was confirmed by discussions we had with various health and social care professionals. One professional told us, "From a commissioning perspective, the home is really helpful and really work with us to support any potential placements. The owner regularly attends any network meetings we have and actively contributes."

The registered manager and company director also told us they regularly visited other adult social care providers and care home managers in the local area to share best practice, discuss challenges, and to learn from one other. The registered manager also stayed abreast of best practice and current research in the field of adult social care by being active members of the National Care Association (NCA), Care Matters and

Spectrum. The company director told us they regularly attended seminars and received good practice guidance updated from these aforementioned organisations. For example, the registered manager told us they had attended a seminar on making the environment more dementia friendly for people living with dementia. As a result of the lessons they had learnt they had painted all the communal areas a different distinct block of colour and hung easy to read pictorial signage on toilet, bathroom, lounge and dining room doors. We also saw memory boxes fitted near people's bedroom doors. These boxes contained various objects of reference that were important to people who occupied these rooms, such as photographs of family and the national flags of people's country of birth. All the aforementioned adaptations made to the interior design of the premises had helped people living with dementia orientate themselves much better in the home.